

SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
FACILITY USE APPLICATION

Please read the attached before completing this form.

1. Name and address of organization _____

2. Name of responsible contact person _____
Business Number _____ Home Number _____
3. Facility or area requested _____
4. Date(s) of intended use _____
5. Hours of intended use _____
6. Purpose of use _____
7. Age range of participants _____
8. Number of participants: Children _____ Adults _____
9. Special arrangements needed _____
10. Opportunity for participation by people residing at the facility _____

11. Evidence of liability insurance _____
Name of Company _____
Policy Number _____

I hereby affirm that I have read and do understand the guidelines for the use of Departmental facilities and that I have or will convey these guidelines to all members of my group who will participate and use the facility as above requested. Further, on behalf of my group, I hereby promise to save harmless the South Carolina Department of Disabilities and Special Needs from all liability for any injury that may occur to any member(s) of my group while using the facilities of the Department of Disabilities and Special Needs.

Organization

Signature/Date

Above use Approved_____

Disapproved_____

Facility Administrator Signature/Date _____

SAMPLE